

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704933

Entity Name: FLORIDA INSURANCE COUNCIL, INC.

Current Principal Place of Business:

150 SOUTH MONROE STREET
SUITE 206
TALLAHASSEE, FL 32301

Current Mailing Address:

P O BOX 749
TALLAHASSEE, FL 32302-0749 US

FEI Number: 59-0996633

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PEARCE, CECIL
150 SOUTH MONROE STREET, SUITE 206
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST CHAIR
Name GEIGER, BILL
Address 570 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name TRAFTON, JAMES
Address 315 S. CALHOUN STREET, SUITE 850
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name CORRIGAN, PETER
Address 1301 RIVERPLACE BOULEVARD,
SUITE 1700
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT
Name PEARCE, CECIL
Address 150 S. MONROE STREET, SUITE 206
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIR
Name SMITH, STEVEN D.
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246-8273

Title CHAIR-ELECT
Name BOSTICK, ANGEL D
Address 1 ASI WAY
City-State-Zip: ST. PETERSBURG, FL 33702

Title TREASURER
Name SMITH, MALCOLM
Address 1932 WYNNNTON ROAD
City-State-Zip: COLUMBUS GA 31999

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CECIL PEARCE

PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date